

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # 399228

1. Entity Name

DAYTONA GOLD, INC.

Principal Place of Business

Mailing Address

255 RIVERSIDE DR
HOLLY HILL FL 32117

255 RIVERSIDE DR
HOLLY HILL FL 32117-4951

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1387327

Applied For

Not Applicable

5. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

FRAZIER, JOHN W.

170 CENTENNIAL LANE
DAYTONA BEACH FL 32119

Name

JOHN M. PAULSEN

Street Address (P.O. Box Number is Not Acceptable)

170 CENTENNIAL LANE

City

DAYTONA BEACH FL

Zip Code

32119

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

John M. Paulsen

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

1-26-2000

9. This corporation is eligible to satisfy its Intangible
Tax filing requirement and elects to do so.
(See criteria on back) ☐

FILE NOW!!! FEE IS \$150.00
After MAY 1, 2000 Fee will be \$550.00
Make Check Payable to Department of State

10. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

11. OFFICERS AND DIRECTORS

TITLE PD ☒ Delete
NAME FRAZIER, JOHN W
STREET ADDRESS 170 CENTENNIAL LANE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE STD ☐ Delete
NAME PAULSEN, JOHN M
STREET ADDRESS 170 CENTENNIAL LANE
CITY-ST-ZIP DAYTONA BEACH FL

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE ☐ Delete
NAME
STREET ADDRESS
CITY-ST-ZIP

12. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11

☐ Change ☐ Addition

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE
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STREET ADDRESS
CITY-ST-ZIP

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CITY-ST-ZIP

TITLE
NAME
STREET ADDRESS
CITY-ST-ZIP

13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or Block 12 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

John M. Paulsen
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

January 26, 2000, 904-253-3314
Date Daytime Phone #

FILED

Jan 29, 2000 8:00 am
Secretary of State

01-29-2000 90132 005 ***150.00

00014146



DO NOT WRITE IN THIS SPACE